

Attorneys for Plaintiffs

SOUTHERN DISTRICT OF NEW YORK

Defendants.

ECF Case

NOTICE OF FILING PURSUANT TO NEW YORK E.P.T.L. SECTION 13-3.5

Estate of Martín Ramírez, Maria de Jesus Reyes Ramírez Miller and Martín Ramírez Salinas,

attached as Exhibit 1, pursuant to New York Estates, Powers and Trusts Law Section 13-3.5.

Dated: New York, New York
August 21, 2008



Eric M. Lieberman (EL 4822)
David B. Goldstein (DG 8291)
Christopher J. Klatell (CK 3058)
Lindsey Frank (LF 6718)
RABINOWITZ, BOUDIN, STANDARD,
KRINSKY & LIEBERMAN, P.C.
111 Broadway, 11th Floor
New York, NY 10006-1901
(212) 254-1111

Attorneys for Plaintiffs

EXHIBIT 1

Eric M. Lieberman (EL 4822)
David B. Goldstein (DG 8291)
Christopher J. Klatell (CK 3058)
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111 Broadway, 11th Fl.
New York, NY 10006-1901
(212) 254-1111
Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

THE ESTATE OF MARTÍN RAMÍREZ,

by its duly appointed co-administrators and
personal representatives,

MARTÍN RAMÍREZ SALINAS and MARIA
DE JESUS REYES RAMÍREZ MILLER,

Plaintiffs,

v.

MAUREEN HAMMOND

and

SOTHEBY'S, INC.,

Defendants.

Case No. 08 Civ. 7103 (PKC)(JCF)
ECF Case

DECLARATION OF MARIA DE JESUS REYES RAMÍREZ MILLER

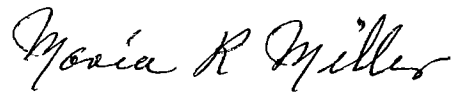
MARIA DE JESUS REYES RAMÍREZ MILLER declares the following to be true:

1. I am a personal representative of the Estate of Martín Ramírez. Attached as Exhibit A is a duly authenticated copy of Letters of Administration, issued on February 27, 2008 by the Superior Court of California, County of Placer, appointing me as a personal representative of the Estate of Martín Ramírez.

2. Martín Ramírez died on February 17, 1963, more than six months before the commencement of the above action. Attached as Exhibit B is a true and correct copy of the death certificate for Martín Ramírez.

3. Martín Ramírez is not indebted to any resident of the State of New York and no petition for ancillary administration of the Estate of Martín Ramírez has been filed in any court of the State of New York.

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 20, 2008 at Los Angeles, California.

A handwritten signature in cursive script, reading "Maria R Miller".

Maria de Jesus Reyes Ramirez Miller

EXHIBIT A

DE-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (650) 341-2585 COLLEEN E. McAVOY, ESQ., SBN: 122219 McGLASHAN & SARRAIL, P.C. 177 BOVET ROAD, SIXTH FLOOR SAN MATEO, CA 94402 TELEPHONE AND FAX NOS.: (650) 341-1395	FOR COURT USE ONLY FILED PLACER COUNTY SUPERIOR COURT OF CALIFORNIA FEB 27 2008 JOHN MENDES EXECUTIVE OFFICER & CLERK By K. Alford, Deputy
ATTORNEY FOR (Name): Maria de Jesus Reyes Ramirez Miller, Martin Ramirez Salinas SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER STREET ADDRESS: 11546B Avenue MAILING ADDRESS: Auburn, CA 95603 CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (Name): Martin Ramirez DECEDENT	
LETTERS <input type="checkbox"/> TESTAMENTARY <input checked="" type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED <input type="checkbox"/> SPECIAL ADMINISTRATION	
CASE NUMBER: S PR 5026	

LETTERS

1. ☐ The last will of the decedent named above having been proved, the court appoints (name):
 - a. ☐ executor.
 - b. ☐ administrator with will annexed.
2. ☒ The court appoints (name): Maria de Jesus Reyes Ramirez Miller and Martin Ramirez Salinas
 - a. ☒ administrator of the decedent's estate.
 - b. ☐ special administrator of decedent's estate
 - (1) ☐ with the special powers specified in the Order for Probate.
 - (2) ☐ with the powers of a general administrator.
 - (3) ☐ letters will expire on (date):
3. ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority ☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY (name):

 I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):

4. Executed on (date): February 19, 2008
 at (place): Alhambra/Bell Gardens, California.

Martin Ramirez Salinas
 Martin Ramirez Salinas
Maria R. Miller
 (SIGNATURE)

Maria de Jesus Reyes Ramirez Miller

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: 2-27-08 Clerk, by <u>Karen Alford</u> (DEPUTY)
--------	---


(SEAL) 	Date: 2-27-08 Clerk, by <u>K. Alford</u> (DEPUTY)
--	--

EXHIBIT B

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER

COUNTY OF PLACER

AUBURN, CALIFORNIA

STATE FILE				LOCAL REGISTRATION			
CERTIFICATE OF DEATH				DISTRICT AND CERTIFICATE NUMBER			
STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				3100 159			
DECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME	2. MIDDLE NAME	3. LAST NAME	4. DATE OF DEATH—MONTH, DAY, YEAR	5. HOUR		
	Martin	unavailable	Ramirez	February 17, 1963	6:00 A.		
	6. SEX	7. COLOR OR RACE	8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	9. DATE OF BIRTH	10. AGE (LAST BIRTHDAY)		
	male	white	Mexico	3-31-1895	67 YEARS		
PLACE OF DEATH	11. NAME AND BIRTHPLACE OF FATHER		12. MARRIED NAME AND BIRTHPLACE OF MOTHER		13. CITIZEN OF WHAT COUNTRY		14. SOCIAL SECURITY NUMBER
	Gertrudiz Ramirez-Mexico		Juana Gonzales-Mexico		Mexico		unavailable
	15. LAST OCCUPATION		16. NAME OF LAST EMPLOYING COMPANY OR FIRM		17. KIND OF INDUSTRY OR BUSINESS		
	laborer		unavail.		unavailable		
LAST USUAL RESIDENCE	18. PLACE OF DEATH—NAME OF HOSPITAL		19. STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBER)		20. LENGTH OF STAY IN COUNTY OF DEATH		21. LENGTH OF STAY IN CALIFORNIA
	DeWitt State Hospital		P.O. Box 192		154 YEARS		374 YEARS
	22. CITY OR TOWN		23. COUNTY		24. STATE		
	Auburn		Placer		California		
PHYSICIAN'S OR CORONER'S CERTIFICATION	25. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION. DO NOT USE P.O. BOX NUMBER)		26. NAME OF INFORMANT		27. ADDRESS OF INFORMANT		
	transient		DeWitt State Hospital		P.O. Box 192, Auburn, Calif.		
	28. CITY OR TOWN		29. COUNTY		30. STATE		
	Sacramento		Sacramento		California		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	31. PHYSICIAN (MUST CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT HE ATTENDED THE DECEASED FROM 10:00 A.M. TO 10:00 P.M. ON THE DAY OF DEATH)		32. PHYSICIAN OR CORONER'S SIGNATURE		33. DATE SIGNED		
	autopsy		by Scott Coroner		2-28-63		
	34. NAME OF FUNERAL DIRECTOR (MUST CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT HE ATTENDED THE DECEASED FROM 10:00 A.M. TO 10:00 P.M. ON THE DAY OF DEATH)		35. LOCAL REGISTRAR—SIGNATURE		36. DATE SIGNED		
	Auburn Funeral Home		by Geraldine Fair, M.D.		2-28-63		
CAUSE OF DEATH	37. CAUSE OF DEATH		38. DATE OF OPERATION		39. AUTOPSY—CHECK ONE		
	Acute Pulmonary Edema				[X] YES [] NO		
	Myocardial Infarct, old						
	Coronary Arteriosclerosis, Severe, with Occlusion						
MEDICAL AND HEALTH DATA	40. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.		41. DATE OF OPERATION		42. AUTOPSY—CHECK ONE		
	Diabetes Mellitus - years. 2. Schizophrenic Reaction, Catatonic Type - 32+ yrs.				[X] YES [] NO		
	43. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		44. DESCRIBE HOW INJURY OCCURRED		45. TIME OF INJURY		
INJURY INFORMATION	46. INJURY OCCURRED		47. PLACE OF INJURY		48. CITY, TOWN OR LOCATION		
	[] WHILE AT WORK [] NOT WHILE AT WORK						
	49. INJURY OCCURRED		50. PLACE OF INJURY		51. CITY, TOWN OR LOCATION		



000068839

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED 01/29/2008

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

PRNCO (REV) 1/86

Jim McCauley
JIM MCCAULEY
PLACER COUNTY CLERK-RECORDER



Eric M. Lieberman (EL 4822)
 David B. Goldstein (DG 8291)
 Christopher J. Klatell (CK 3058)
 Lindsey Frank (LF 6718)
 RABINOWITZ, BOUDIN, STANDARD, KRINSKY & LIEBERMAN, P.C.
 111 Broadway, 11th Fl.
 New York, NY 10006-1901
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Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
 SOUTHERN DISTRICT OF NEW YORK

THE ESTATE OF MARTÍN RAMÍREZ,

by its duly appointed co-administrators and
 personal representatives,

MARTÍN RAMÍREZ SALINAS and MARIA
 DE JESUS REYES RAMÍREZ MILLER,

Plaintiffs,

v.

MAUREEN HAMMOND

and

SOTHEBY'S, INC.,

Defendants.

Case No. 08 Civ. 7103 (PKC)(JCF)
 ECF Case

DECLARATION OF MARTÍN RAMÍREZ SALINAS

MARTÍN RAMÍREZ SALINAS declares the following to be true:

1. I am a personal representative of the Estate of Martín Ramírez. Attached as Exhibit A is a duly authenticated copy of Letters of Administration, issued on February 27, 2008 by the Superior Court of California, County of Placer, appointing me as a personal representative of the Estate of Martín Ramírez.

2. Martín Ramírez died on February 17, 1963, more than six months before the commencement of the above action. Attached as Exhibit B is a true and correct copy of the death certificate for Martín Ramírez.

3. Martín Ramírez is not indebted to any resident of the State of New York and no petition for ancillary administration of the Estate of Martín Ramírez has been filed in any court of the State of New York.

I declare under penalty of perjury that the foregoing is true and correct. Executed on August 20, 2008 at Los Angeles, California.


Martín Ramírez Salinas

EXHIBIT A

DE-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (650) 341-2585 COLLEEN E. McAVOY, ESQ., SBN: 122219 McGLASHAN & SARRAIL, P.C. 177 BOVET ROAD, SIXTH FLOOR SAN MATEO, CA 94402 TELEPHONE AND FAX NOS.: (650) 341-1395	FOR COURT USE ONLY FILED PLACER COUNTY SUPERIOR COURT OF CALIFORNIA FEB 27 2008 JOHN MENDES EXECUTIVE OFFICER & CLERK By K. Alford, Deputy
ATTORNEY FOR (Name): Maria de Jesus Reyes Ramirez Miller, Martin Ramirez Salinas SUPERIOR COURT OF CALIFORNIA, COUNTY OF PLACER STREET ADDRESS: 11546B Avenue MAILING ADDRESS: Auburn, CA 95603 CITY AND ZIP CODE: BRANCH NAME:	
ESTATE OF (Name): Martin Ramirez DECEDENT	
LETTERS <input type="checkbox"/> TESTAMENTARY <input checked="" type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED <input type="checkbox"/> SPECIAL ADMINISTRATION	
CASE NUMBER: S PR 5026	

LETTERS

1. ☐ The last will of the decedent named above having been proved, the court appoints (name):
 - a. ☐ executor.
 - b. ☐ administrator with will annexed.
2. ☒ The court appoints (name): Maria de Jesus Reyes Ramirez Miller and Martin Ramirez Salinas
 - a. ☒ administrator of the decedent's estate.
 - b. ☐ special administrator of decedent's estate
 - (1) ☐ with the special powers specified in the Order for Probate.
 - (2) ☐ with the powers of a general administrator.
 - (3) ☐ letters will expire on (date):
3. ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority ☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

AFFIRMATION

1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY (name):

I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
 (Name and title):

4. Executed on (date): February 19, 2008
 at (place): Alhambra/Bell Gardens, California.

Martin Ramirez Salinas
 Martin Ramirez Salinas
Maria R Miller
 (SIGNATURE)

Maria de Jesus Reyes Ramirez Miller

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)	Date: 2-27-08 Clerk, by <u>Karen Alford</u> (DEPUTY)
--------	---


(SEAL) 	Date: 2-27-08 Clerk, by <u>K Alford</u> (DEPUTY)
--	---

EXHIBIT B

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF THE CLERK-RECORDER
COUNTY OF PLACER
 AUBURN, CALIFORNIA

STATE FILE				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
CERTIFICATE OF DEATH STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH				3100 159			
PRECEDENT PERSONAL DATA	1. NAME OF DECEASED—FIRST NAME	2. MIDDLE NAME	3. LAST NAME	4. DATE OF DEATH—MONTH, DAY, YEAR	5. HOUR		
	Martin	unavailable	Ramirez	February 17, 1963	6:00 A.		
	6. SEX	7. COLOR OR RACE	8. BIRTHPLACE	9. DATE OF BIRTH	10. AGE (LAST BIRTHDAY)	11. IF UNDER 1 YEAR	12. IF UNDER 24 HOURS
	male	white	Mexico	3-31-1895	67		
PLACE OF DEATH	13. NAME AND BIRTHPLACE OF FATHER		14. MOTHER NAME AND BIRTHPLACE OF MOTHER		15. CITIZEN OF WHAT COUNTRY		16. SOCIAL SECURITY NUMBER
	Gertrudiz Ramirez-Mexico		Juana Gonzales-Mexico		Mexico		unavailable
	17. LAST OCCUPATION		18. NAME OF LAST EMPLOYING COMPANY OR FIRM		19. KIND OF INDUSTRY OR BUSINESS		
	laborer		unavail.		unavailable		
LAST USUAL RESIDENCE WHERE DECEASED LIVED—IF IN INSTITUTION ENTER RESIDENCE BEFORE ADMISSION	20. PLACE OF DEATH—NAME OF HOSPITAL		21. STREET ADDRESS—HOUSE STREET OR RURAL ADDRESS OR LOCATION		22. LENGTH OF STAY IN COUNTY OF DEATH		23. LENGTH OF STAY IN CALIFORNIA
	DeWitt State Hospital		P.O. Box 192		154		37+
	24. CITY OR TOWN		25. COUNTY		26. STATE		
	Auburn		Placer		California		
PHYSICIAN'S OR CORONER'S CERTIFICATION	27. LAST USUAL RESIDENCE—STREET ADDRESS		28. NAME OF PRESENT SPOUSE		29. PRESENT OR LAST OCCUPATION OF SPOUSE		
	transient		Ana Maria Navarro de		housewife		
	29. CITY OR TOWN		30. COUNTY		31. STATE		
	Sacramento		Sacramento		California		
FUNERAL DIRECTOR AND LOCAL REGISTRAR	32. NAME OF PHYSICIAN OR CORONER		33. ADDRESS		34. DATE SIGNED		
	WILLIAM A. SCOTT, CORONER		P.O. Box 192, Auburn, Calif.		2-28-63		
	35. NAME OF FUNERAL DIRECTOR		36. DATE OF OPERATION		37. LOCAL REGISTRAR—SIGNATURE		
	Auburn Funeral Home		2-28-63		by Geraldine Fair, H. D.		
CAUSE OF DEATH	38. CAUSE OF DEATH		39. DATE OF OPERATION		40. AUTOPSY—CHECK ONE		
	Acute Pulmonary Edema		2-28-63		[X] performed [] not performed		
	41. CONDITIONS IN ANY CASE HAVE BEEN TO THE DEATH		42. DATE OF OPERATION		43. AUTOPSY—CHECK ONE		
	Myocardial Infarct, old		2-28-63		[X] performed [] not performed		
MEDICAL AND HEALTH DATA	44. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE		45. DESCRIBE HOW INJURY OCCURRED		46. CITY, TOWN OR LOCATION		
					Placer		
	47. TIME OF INJURY		48. PLACE OF INJURY		49. CITY, TOWN OR LOCATION		
					Placer		



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CERTIFIED COPY OF VITAL RECORDS
 STATE OF CALIFORNIA, COUNTY OF PLACER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Placer County Clerk-Recorder.

DATE ISSUED **01/29/2008**

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

PRNCO (Rev) 1/06

Jim McCauley
 JIM McCAULEY
 PLACER COUNTY CLERK-RECORDER



CERTIFICATE OF SERVICE

I certify that on the 21st of August, 2008, I served the foregoing NOTICE OF FILING PURSUANT TO NEW YORK E.P.T.L. SECTION 13-3.5, by U.S. first class mail, postage prepaid, upon:

Yosef J. Riemer
Kirkland & Ellis LLP
Citigroup Center
153 East 53rd Street
New York, New York 10022-4611
Counsel for defendant Maureen Hammond

Jonathan A. Olsoff
Sotheby's, Inc.
1334 York Avenue
New York, New York 10021
Counsel for defendant Sotheby's, Inc.

Dated: New York, New York
August 21, 2008

By: 

Lindsey Frank
Rabinowitz, Boudin, Standard, Krinsky
& Lieberman, P.C.
111 Broadway, Eleventh Floor
New York, NY 10006
Tel: 212-254-1111 ext 114
Fax: 212-674-4614